

Abstract

Submitted by

Author: Ezekiel Njuguna Ngure, PhD Student, Population Studies and Research Institute, University of Nairobi, Kenya

Email: Ngure.ezekiel@gmail.com

Impact of Infant and Child mortality on fertility in Kenya

Introduction

The present unprecedented growth of population around the world has made it imperative to understand the causes and look for cure of this growth. Fertility and mortality are the two important factors that contribute to this growth. An important demographic question that has been widely investigated recently is the degree to which changes in infant and child mortality can be expected to induce changes in fertility rates in developing countries. This study tries to answer this question by investigating the impact of infant and child mortality on fertility in Kenya.

Data and Methods

This study utilizes data from the 1998, 2003, 2008 and 2014 Kenya Demographic Health Surveys. A study sample of women aged 35 years and above excluding those who had never been married and those who had never given birth was taken from this data. Ordinary Least Squares (OLS) and Two Stage Least Squares (2SLS) statistical methods were used to estimate direct effects of infant/child death(s) on fertility and replacement rate respectively.

Results

The multivariate analysis results showed that there exist direct effects of infant/child death(s) on fertility. Women who experienced infant/child death(s) had a higher number of children ever born. The result also showed that the replacement rate for the period of 1993 to 2014 has declined from 0.3 to 0.15.

In the differentials, replacement rate was positively related to attainment of education and Infant/child death(s). women with no education was not significant in explaining fertility. When the analysis was carried out by type of place of residence, replacement rate was higher in rural areas than in urban areas. Infant/child death(s) was found to be insignificant in explaining fertility in urban areas. There was no significant difference in replacement when the analysis was carried out between low and high mortality regions.

Conclusions

For policy concerns, the study recommends design of programmes aimed at reducing infant/child mortality. Further, mortality should be integrated into programmes geared towards fertility reduction. This can be done by strengthening programmes that promote child nutrition and childcare. Other programmes advocating for girl child education (especially higher education), contraceptive use and higher age at first marriage should be initiated and/or strengthened. This study recommends further research on effects of school dropout on fertility and further investigations on Minimum Distance Estimation Model on Kenyan data.